



Crown Point Emergency Management
103 East Clark Street
Crown Point, IN 46307

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

Address: _____
(Number and Street) (City) (State and Zip)

Marital Status: _____ Date of Birth: _____ Social Security Number: _____

Home Telephone: _____ Other Telephone: _____

DRIVERS LICENSE INFORMATION

Drivers License Number: _____ State of Issue: _____

EMPLOYMENT INFORMATION

Present Employer: _____ Occupation: _____

Employer's Address: _____ Phone: _____

Full Time / Part Time (Circle One) Hours Per Week: _____

EDUCATION & TRAINING INFORMATION

High School: _____ Diploma or Cert: _____ Year: _____
College: _____ Diploma or Cert: _____ Year: _____
Trade: _____ Diploma or Cert: _____ Year: _____
Other: _____ Diploma or Cert: _____ Year: _____

List any emergency training you have already received (CPR, Fire Fighting, Haz-Mat, Etc.)

I hereby attest that the information contained herein is true in fact to the best of my knowledge.
FUTHERMORE, I understand that failure to provide truthful information may result in my
dismissal and termination of membership from the Crown Point Emergency Management
Department.

THEREFORE, I agree to abide by the by-laws that which govern the operations and memberships of
the Crown Point Emergency Management.

Applicant's Signature: _____